



OFFICIAL MEDIA RELEASE

KENT COUNTY SHERIFF DEPARTMENT



Traffic Crash Supplement

Incident # 16-132456 Date: 07/05/2016 Time of Incident: 0650 Township: 14 - Nelson
Type of Incident: injury accident Location: 18 mile rd and Ritchie Ave
Reporting Officer: lecuru Assisting Departments: Rockford ambulance and Cedar springs fire Department
Release Completed By: lecuru

Fire ☐ Ambulance ☐ Helicopter ☐ Other Police Agencies ☐ Utilities etc. ☐

ALCOHOL Contributing Factor?

Y ☐ N ☒ UNK ☐

Vehicles

ALCOHOL Contributing Factor?

Y ☐ N ☒ UNK ☐

Veh: 1 Make: nissan Model: maxima Yr: 2000
Driver: Michael Minnie Age: 25
City: cedar springs Twp: nelson State: MI
Injuries: lacerations Seatbelt: Y ☐ N ☒ UNK ☐
Direction of Travel: W/B
Hospital: Spectrum/BW/DT Transport By: Rockford

Veh: 2 Make: dodge Model: dakota Yr: 2002
Driver: Peter Frazine Age: 40
City: cedar springs Twp: nelson State: MI
Injuries: fractured femur internal injuries Seatbelt: Y ☐ N ☐ UNK ☐
Direction of Travel: E/B
Hospital: Spectrum/BW/DT Transport By: Rockford

Relatives Notified ☐ YES ☐ Names Can Be Released ☐ YES ☐

Passengers

Name: _____ Age: _____
City: _____ Twp: _____ State: _____
Injuries: _____ Seatbelt: ☐
Hospital: _____ Transport By: _____

Relatives Notified ☐ YES ☐ Names Can Be Released ☐ YES ☐

Passengers

Name: _____ Age: _____
City: _____ Twp: _____ State: _____
Injuries: _____ Seatbelt: ☐
Hospital: _____ Transport By: _____

Name: _____ Age: _____
City: _____ Twp: _____ State: _____
Injuries: _____ Seatbelt: ☐
Hospital: _____ Transport By: _____

Name: _____ Age: _____
City: _____ Twp: _____ State: _____
Injuries: _____ Seatbelt: ☐
Hospital: _____ Transport By: _____

Name: _____ Age: _____
City: _____ Twp: _____ State: _____
Injuries: _____ Seatbelt: ☐
Hospital: _____ Transport By: _____

Name: _____ Age: _____
City: _____ Twp: _____ State: _____
Injuries: _____ Seatbelt: ☐
Hospital: _____ Transport By: _____

Name: _____ Age: _____
City: _____ Twp: _____ State: _____
Injuries: _____ Seatbelt: ☐
Hospital: _____ Transport By: _____

Name: _____ Age: _____
City: _____ Twp: _____ State: _____
Injuries: _____ Seatbelt: ☐
Hospital: _____ Transport By: _____